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PATENT APPLICATION FEE DETERMINATION RECO							^		Application or Docket Number				
Effective December 8, 2004								04-858397					
CLAIMS AS FILED - PART I								SMALL	ENTITY	,	ОТН	ER THAN	
TOTAL CLAIMS			Colu	(Column 1)		Column 2)		TYPE			R SMA	LL ENTITY	
FOR			NUMBI	NUMBER FILED		NUMBER EXTRA		RATE			RATI		
TOTAL CHARGEABLE CLAIMS			121	2/ minus 20=		OMBER EXTRA		BASIC F		0	R BASIC F	EE 790,00	
INDEPENDENT CLAIMS			17.	3 minus 3 =				X\$ 25	=	0	R X\$50	=	
1		ENDENT CLAIM		1105 0 - 1		——————————————————————————————————————		X100=	=	0	R X200:	2	
Щ.								+180=	.	01	+360=		
		ce in column 1 i				column 2	TOTAL	-	OF	R TOTAL	790		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								CNALL				R THAN	
	6/11/0	CLAIMS REMAINING	-	HIGHE	ST	(Column 3)	· [	SMALI	ADD		SMAL	L ENTITY	
AMENDMENT	P/11/06	AFTER AMENDMENT		PREVIO	JSLY	PRESENT EXTRA		RATE	TION	\L	RATE	TIONAL	
NON	Total	1.21	Minus	2	2	= ,		X\$ 25=		OR	X\$50≈	FEE	
AME	Independent	<u>トラ</u>	Minus	***	3	-	-	X100=	1	1	Your		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.100	1-	OR	<del></del>	1	
•							L	+180=	<del> </del>	OR	+360=	1-\-1	
		(Column 1)		(Column	1 2)	(Column 3)	ΑĮ	ODIT FEE	L	OR	ADDIT, FEE		
MENDMENT		CLAIMS REMAINING		HIGHES NUMBE	ST.	PRESENT	Γ	<del>~~~</del>	ADDI-	7	· · · · · · · · · · · · · · · · · · ·	ADDI-	
	<del></del>	AFTER AMENDMENT	·	PREVIOU PAID FO		EXTRA		RATE	TIONAL FEE	_	RATE	TIONAL FEE	
2	Total	•	Minus	** ;		=	,	X\$ 25=		OR	X\$50≃		
7 J-	Independent FIRST PRESE	* NTATION OF MU	Minus	PENDENTO	1 A 184	=	7	X100=		OR	X200=		
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.		CLAIMS REMAINING AFTER AMENDMENT		HIGHES' NUMBER		PRESENT	Г		ADDI-	1 [	<del></del>	ADDI-	
-				PREVIOUS PAID FOR	LY	EXTRA	F	RATE	TIONAL _FEE		RATE	TIONAL	
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1'	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		<del></del>	
lf ti • H 11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+360=		
14 41	ne induestiani	ilder Prøviolisiv Pal	d For IN THIS	2 CDACE in In-		7	ADD	TOTAL IT. FEE	<u> </u>	OR A	TOTAL DOTT. FEE		
	(D. 975 (Co., 400	per Previously Paid	TO BOILD TO	waependeni) i	is the h	ignest number fo	ound i	n the appr	opriate box	c in colur	mn 1.		

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